

APPLICATION AND STATEMENT OF QUALIFICATION (DME/DPRE/DAR-T/ODAR-T)

U.S Department of Transportation
Federal Aviation Administration

Supplemental Application and Instructions

Privacy Act Statement

The information on the accompanying form is solicited under authority of Title 49, USC, Section 44702. Submission of all the data is mandatory except for Social Security Number (SSN), which is voluntary. The purpose of this information is to determine your eligibility for designation as a Designated Mechanic Examiner (DME), Designated Parachute Rigger Examiner (DPRE), Designated Airworthiness Representative-Maintenance (DAR-T), or Organizational Designated Airworthiness Representative-Maintenance (ODAR-T). The routine use of the data is to provide the public with names and addresses of certain categories of representatives who may provide service to them. The data will be used to evaluate your qualifications and eligibility for designation as a DME, DPRE, DAR-T, or ODAR-T. **Your application cannot be processed unless the data is complete.** Disclosure of your SSN is optional. Disclosure will facilitate maintenance of your records which are maintained in alphabetical order and cross-referenced with your SSN and airman number to provide prompt access. In the event of nondisclosure, a unique number will be assigned to your file.

Paperwork Reduction Act Statement

The information collected on this form is necessary to determine applicant eligibility for DME, DPRE, DAR-T, or ODAR-T. The information is used to determine certification eligibility. We estimate that it will take 55 minutes to complete the form. Completion of this form is required to obtain a benefit. The information collected becomes part of the Privacy Act system of records; DOT/FAA 830, Representatives of the Administrator; and confidentiality pursuant to the provisions of the Privacy Act is granted. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0033.

Detach all supplemental information and instruction sheets before submitting application.

DESIGNEE/EXAMINER CANDIDATE APPLICATION PROCEDURES

HOW TO APPLY

For Initial Designations:

1. Complete, sign, and date this application. Answer all applicable questions fully. Use additional sheets of blank paper if you need more space to complete the answers to a question. Be sure to indicate the number of the question you are answering at the top of the blank sheet.
2. Use a separate sheet for each question requiring additional space. Attach all additional blank sheets to this application.
3. Question 7. See definitions and qualification criteria on page ii of these instructions.
4. Applicants for DAR-T designations must attach a letter of recommendation in accordance with FAA Order 8100.8 latest revision, Designee Management Handbook.

WHERE TO SEND APPLICATION FOR INITIAL DESIGNATION (DME, DPRE, and DAR-T applicants ONLY.) ODAR-T applicants will submit this form to the local FSDO or IFO.

1. Your completed application with all attached sheets should be sent to:

**Federal Aviation Administration
Designee Standardization Branch, AFS-640
ATTN: National Examiner Board
P.O. Box 25082
Oklahoma City, OK 73125-0082**

2. Keep a copy of this application for your personal records.

WHAT HAPPENS TO YOUR APPLICATION

Your application will be evaluated by the National Examiner Board (NEB) to ensure that you meet the selection criteria for the designation sought. The NEB will advise you by letter whether or not you meet the applicable criteria. If you meet this criteria, the letter from the NEB will state that your application has been accepted and instruct you to complete the examiner predesignation knowledge test. If you do not meet the selection criteria, the NEB will advise you how the deficiency may be corrected. **Do not take the predesignation knowledge test until receiving a letter of acceptance from the NEB. Applicants for designation as DAR-T's are not required to take a Predesignation Test.**

Upon receiving notification that your application has been accepted, take the appropriate predesignation knowledge test at any FAA computerized testing center. Request the Aviation Mechanic Examiner Test or the Parachute Rigger Examiner Test. You must forward test results to the NEB within 10 days of the date you complete the test. **Keep a copy of the test report for your personal records.**

Upon receiving the applicant's test report with a score of 80 percent or higher, the NEB will notify the applicant of approval/nonapproval for assignment to the national examiner candidate pool. In accordance with candidates' indicated geographic availability, qualifications, and ranking within the pool, the NEB forwards candidate applications to each FSDO requesting a new designee.

Your application will be kept on file in the NEB candidate pool for a period of 2 years or until you are selected for designation, whichever comes first.

After 2 years, applications of all candidates not selected for designation will be deleted from the NEB pool. An applicant must repeat the application process in order to apply for reassignment to the candidate pool.

Instructions for Completing FAA Form 8110-28

Designated Mechanic Examiner (DME), Designated Parachute Rigger Examiner (DPRE), Designated Airworthiness Representative-Maintenance (DAR-T) and Organizational Designated Airworthiness Representative-Maintenance (ODAR-T) Application and Statement of Qualifications

1. All entries on FAA Form 8110-28 must be made in (black) permanent ink or typewritten.
2. Read the "PRIVACY ACT" statement attached to FAA Form 8110-28. Remove the "PRIVACY ACT" statement portion before submitting FAA Form 8110-28.
3. Complete blocks 1 through 22 as follows:

Block 1. NAME (*Last, First, Middle*).

- (1) Enter your legal name. For record purposes, no more than one middle name may be entered.
- (2) If you have no middle name, enter "NMN" (no middle name) or "NMI" (*no middle initial*).
- (3) If you have initial(s) only, enter the initials and then enter "INITIALS ONLY."
- (4) If you are a junior, III, IV, etc., so indicate.

Block 2. PERMANENT MAILING ADDRESS — Enter all required information, to include Number and Street, P.O. Box, City, State, and Zip Code.

Note: If a P.O. Box or Rural Route is used, you must furnish (*on a separate sheet of paper*) the directions required to find your residence. This becomes part of the application and must be signed by you, the applicant. The following shows an example of one applicant's additional statement. Example: "I live 2 miles north of state highway 37 on Peachtree Lane in a two-story house with large barn in the back." (You must sign this statement.)

Block 3. U.S. CITIZEN — You must check Yes or No.

Block 3A. COUNTRY IN WHICH YOU HOLD CITIZENSHIP — Enter name of country. If dual citizenship is held, indicate the names of both countries.

Block 3B. DAR-T Repairmen must enter the certificate number(s) of the repair station where they perform work.

Block 4. SOCIAL SECURITY NUMBER.

- (1) Completing Block 4 is optional. (See "PRIVACY ACT" STATEMENT.)
- (2) Enter your SSN or either "DO NOT USE" or "NONE."

Block 5. DATE OF BIRTH — Use six-digit, numeric characters, i.e., 08-09-60; not August 9, 1960.

Block 6. TELEPHONE NUMBER — Provide a home telephone number and a business telephone number including area code and extension, if applicable.

Block 7. DESIGNATION SOUGHT

- (1) DME applicants will check the "Designated Mechanic Examiner" box and will check the "Airframe" rating box for the Airframe rating, the "Powerplant" rating box for the Powerplant rating, or both the "Airframe" and "Powerplant" rating boxes for the Airframe and Powerplant (A&P) rating.
- (2) DPRE applicants will check the "Designated Parachute Rigger Examiner" box and will check the "Seat" rating box for the Seat type rating, the "Back" rating box for the Back type rating, the "Chest" rating box for the Chest type rating and the "LAP" rating box for the Lap type rating. DPRE's are required to hold at least two parachute rigger type ratings, i.e.; Seat and Back, Seat and Chest, Back and Chest, etc., and hold a Master Parachute Rigger Rating.
- (3) DAR-T/ODAR-T applicants will check the Designated Airworthiness Representative (Maintenance only) box and identify specific function(s) currently authorized to perform in accordance with procedures set forth in AC 183-35 latest revision, Airworthiness Designee Function Codes and Consolidated Directory for DMIR/DAR/DAS/DOA and SFAR No. 36, and/or FAA Order 8100.8 latest revision, Designee Management Handbook, for which an appointment is sought in block 7b.

Block 7a. FSDO OR IFO OF JURISDICTION — From the list on page v of this application, enter the FSDO or IFO that has jurisdiction in the area or location where you are presently located.

Block 7b. DAR-T/ODAR-T APPLICANT'S FUNCTION(S) — DAR-T/ODAR-T applicants will identify specific functions which they are currently authorized to perform in accordance with AC 183-35 latest revision and /or FAA Order 8100.8 latest revision for which designation is sought. (Maintenance Functions only)

Block 8. EDUCATION AND TRAINING — Enter all formal education.

- (1) Dates: Enter the beginning and ending dates of the training [including general education (i.e. high school, GED, etc.)] that you attended. Use six-digit, numeric characters (i.e., 08-09-60). Do not use August 9, 1960.
- (2) Name of School: Enter the name of the school where training was received.
- (3) Curriculum: Enter the school's curriculum: i.e.; Airframe, Powerplant, or Airframe and Powerplant (A&P).
- (4) Degree or Certificate: Enter the degree or type of certificate received (i.e., AA/BS/BA/MA/MB).

Block 9. FAA CERTIFICATES NOW HELD PERTINENT TO DESIGNATION SOUGHT

- (1) Enter type certificate(s) held-Mechanic, Master Parachute Rigger, or Repairmen's Certificate.
- (2) Enter the certificate number for each type certificate.
- (3) Enter the rating(s) you hold: i.e., Airframe, Powerplant, Airframe and Powerplant; or Parachute Rigger with Seat, Back, Chest, or Lap ratings.
- (4) Enter the original date the certificate(s) and rating(s) were issued. (If the certificate was lost and a new one was issued, or you have added a rating your present certificate will not have the original date of issue, or if you have added a rating, your present certificate will not have the original date of issue).

Block 10. WORK EXPERIENCE

- (1) Complete the name, address, and telephone number of the employer/organization.
- (2) Job Title: Enter job title.
- (3) Dates Employed: Enter date employment began and date employment ended (i.e. 02–14–67 to 06–23–70). Use six-digit, numeric characters (i.e., 08–09–60); not August 9, 1960.
- (4) Supervisor's Name: Enter the supervisor's name(s).
- (5) Reason for leaving: Enter reason for leaving this position.
- (6) Description of Duties: Give a complete description of the duties performed during this period of employment.

Block 11. LOCATION WHERE DESIGNEE FUNCTIONS WILL BE PERFORMED (DME and DPRE designees only).

- (1) Enter the address (*including city, state, and Zip Code*) where designee functions will be performed.
- (2) Enter the telephone number of this location (*including area code*).

Block 11a. LOCAL FSDO OR IFO THAT MANAGES THIS AREA — From the list on page v enter the FSDO or IFO that has jurisdiction in the area or location where you will performing the designee duties.

Questions 12 through 21.

1. All questions must be answered "YES" or "NO." Do not leave any question blank. All "YES" answers must be explained on an attached sheet of paper.

Block 22. AWARDS PROGRAM — Complete this block by filling in the required items.

Block 23. APPLICANT'S SIGNATURE — Sign and date the application in black ink, after reading the statements in this block.

Block 23a. TYPE OR PRINT APPLICANT'S NAME BELOW THE SIGNATURE

FOR FAA OR NATIONAL EXAMINER BOARD USE ONLY

Block 24. FOR ORIGINAL ISSUANCE ONLY — This block will be filled out by a representative of the National Examiner Board to record qualification and referral information. The NEB personnel will:

- (1) Check the qualified or not qualified block and enter date of determination.
- (2) If qualified and referred, indicate to which FSDO the applicant was assigned and enter date of referral.
- (3) The NEB representative will sign, list title, and date this portion when NEB action has occurred.

Block 24a. DAR–T RECORD OF APPROVAL — This block will be filled out by the Principal Maintenance Inspector (PMI) representing the FSDO or IFO requesting a new designee and will indicate which functions the applicant is authorized to perform, and any limitations, in accordance with AC 183.35 latest revision, Airworthiness Designee Function Codes and Consolidated Directory for DMIR/DAR/ODAR/DAS/DOA and SFAR No. 36.

Block 25. SIGNATURE AND DATE — The Regional Office will sign and date this block of the application using black ink. This responsibility may be delegated to the local FSDO or IFO.

Block 26. DME/DPRE RECORD OF APPROVAL

Block 26a. PMI FSDO OR IFO ACTION — Check the approve or disapprove box to indicate the selection status of each applicant's files when the files are received from the NEB.

Block 26b. REMARKS — Complete with any remarks that are appropriate.

Block 26c. SIGNATURE AND DATE — The PMI will sign and date this block of the application with black ink.

Block 26d. FSDO OR IFO MANAGER'S APPROVAL — The FSDO or IFO manager will check the approve or disapprove box to indicate concurrence or nonconcurrence of the selection of each applicant when files are forwarded by the PMI.

Block 26e. REMARKS — Complete with any remarks that are appropriate.

Block 26f. SIGNATURE AND DATE — The FSDO or IFO manager will sign and date this block of the application using black ink.

NOTE: Blocks 26 through 26i are for renewals, reinstatements, and additional authorizations. Indicate by a check mark in the appropriate box if the application is for a renewal, reinstatement, or additional authorization.

Block 27. FSDO OR IFO ACTIONS — The FSDO or IFO representative will check the box to indicate the type of action requested by the applicant.

Block 27a. ORIGINAL CERTIFICATION VERIFICATION — Check Yes, No, or Not Applicable to indicate the designee continues to meet the original designation criteria.

Block 27b. CRITERIA FOR ADDITIONAL AUTHORIZATION — The PMI will check the Yes, No, or Not Applicable box to indicate the applicant meets the criteria for the additional authorization sought.

Block 27c. NEED FOR DESIGNEE — The PMI will indicate if there is still a need for the applicant's service by checking Yes or No.

Block 27d. INSPECTOR'S ACTION — The PMI will check the approve or disapprove box to indicate the applicant is or is not authorized for renewal, reinstatement, or additional authorization when the request is received from the applicant.

Block 27e. REASON FOR DISAPPROVAL — The PMI will complete this block and list the reason(s) the applicant is not being approved for the designation sought.

Block 27f. SIGNATURE AND DATE — The PMI will sign and date this block of the application using black ink.

Block 27g. FSDO OR IFO MANAGER'S APPROVAL — The FSDO or IFO manager will check the approve or disapprove box to indicate concurrence or nonconcurrence of the action requested by each applicant when files are forwarded by the PMI.

Block 27h. REASON FOR DISAPPROVAL — The FSDO or IFO manager will complete this block and list the reason(s) the applicant is not being approved for the designation sought.

Block 27i. SIGNATURE AND DATE — The FSDO or IFO manager will sign and date this block of the application using black ink.

NOTICE: Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious, or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned for not more than 5 years, or both. (18 U.S. Code Secs 1001;3571)

LIST OF FLIGHT STANDARDS DISTRICT OFFICES

WESTERN PACIFIC REGION (AWP)

FAT FSDO-17 FRESNO, CA
HNL FSDO-13 HONOLULU, HI
LAS FSDO-19 LAS VEGAS, NV
LAX FSDO-23 LOS ANGELES, CA
LGB FSDO-05 LONG BEACH, CA
OAK FSDO-27 OAKLAND, CA
RAL FSDO-21 RIVERSIDE, CA
RNO FSDO-11 RENO, NV
SAC FSDO-25 SACRAMENTO, CA
SAN FSDO-09 SAN DIEGO, CA
SDL FSDO-07 SCOTTSDALE, AZ
SJC FSDO-15 SAN JOSE, CA
VNY FSDO-01 VAN NUYS, CA
SFO FSDO-03 SAN FRANCISCO, CA

SOUTHERN REGION (ASO)

ALT FSDO-11 COLLEGE PARK /
ATLANTA, GA
BHM FSDO-09 BIRMINGHAM, AL
BNA FSDO-03 NASHVILLE, TN
CAE FSDO-13 WEST COLUMBIA, SC
FLL FSDO-17 FT. LAUDERDALE, FL
TPA FSDO-35 TAMPA, FL
INT FSDO-05 WINSTON-SALEM, NC
JAN FSDO-07 JACKSON, MS
LOU FSDO-01 LOUISVILLE, KY
MEM FSDO-25 MEMPHIS, TN
MIA FSDO-19 MIAMI, FL
ORL FSDO-15 ORLANDO, FL
CLT FSDO-33 CHARLOTTE, NC
SJU FSDO-21 SAN JUAN, PR
TPA FSDO TAMPA, FL

EASTERN REGION (AEA)

ABE FSDO-05 ALLENTOWN, PA
FRG FSDO-11 FARMINGDALE, NY
AGC FSDO-03 WEST MIFFLIN /
PITTSBURGH, PA
ALB FSDO-01 ALBANY, NY
BAL FSDO-07 BALTIMORE, MD
CRW FSDO-09 CHARLESTON, WV
DCA FSDO-27 CHANTILLY, VA /
WASHINGTON, DC
HAR FSDO-13 NEW CUMBERLAND /
HARRISBURG, PA
PHL FSDO-17 PHILADELPHIA, PA
NYC FSDO-15 GARDEN CITY, NY
PIT FSDO-19 CORAOPOLIS /
PITTSBURGH, PA
RIC FSDO-21 SANDSTON /
RICHMOND, VA
ROC FSDO-23 ROCHESTER, NY
TEB FSDO-25 TEREBORO, NJ
NY IFO-29 JAMAICA, NY

GREAT LAKES REGION (AGL)

CLE FSDO-25 CLEVELAND, OH
CMH FSDO-07 COLUMBUS, OH
CVG FSDO-05 CINCINNATI, OH
DPA FSDO-03 WEST CHICAGO, IL
DTW FSDO-23 BELLEVILLE, MI
FAR FSDO-21 FARGO, ND
GRR FSDO-09 GRAND RAPIDS, MI
IND FSDO-11 INDIANAPOLIS, IN
MKE FSDO-13 MILWAUKEE, WI
MSP FSDO-15 MINNEAPOLIS, MN
ORD FSDO-31 SCHILLER PARK, IL
RAP FSDO-27 RAPID CITY, SD
SBN FSDO-17 SOUTH BEND, IN
SPI FSDO-19 SPRINGFIELD, IL

SOUTHWEST REGION (ASW)

ABQ FSDO-01 ALBUQUERQUE, NM
BTR FSDO-03 BATON ROUGE, LA
DAL FSDO-05 DALLAS, TX
DWF FSDO-07 DALLAS, TX
FTW FSDO-19 FORT WORTH, TX
HOU FSDO-09 HOUSTON, TX
LBB FSDO-13 LUBBOCK, TX
LIT FSDO-11 LITTLE ROCK, AR
OKC FSDO-15 OKLAHOMA CITY, OK
SAT FSDO-17 SAN ANTONIO, TX

NORTHWEST MOUNTAIN REGION (ANM)

BOI FSDO-11 BOISE, ID
CPR FSDO-04 CASPER, WY
DEN FSDO-03 DENVER, CO
GEG FSDO-13 SPOKANE, WA
HLN FSDO-05 HELENA, MT
PDX FSDO-09 HILLSBORO /
PORTLAND, OR
SEA FSDO-01 SEATTLE, WA
SLC FSDO-07 SALT LAKE CITY, UT
DEN FSDO-30 DENVER, CO

CENTRAL REGION (ACE)

DSM FSDO-01 DES MOINES, IA
ICT FSDO-07 WICHITA, KS
LNK FSDO-09 LINCOLN, NE
MCI FSDO-05 KANSAS CITY, MO
STL FSDO-03 ST. ANN /
ST. LOUIS, MO

ALASKAN REGION (AAL)

ANC FSDO-03 ANCHORAGE, AK
FAI FSDO-01 FAIRBANKS, AK
JNU FSDO-05 JUNEAU, AK

INTERNATIONAL FIELD OFFICE LIST

FRA IFO-EA33 FRANKFURT
SIN IFO-WP33 SINGAPORE
BRX IFO-EA31 BRUSSELS
LGW IFO-EA35 LONDON
MIA IFO-SO23 MIAMI SPRINGS, MI
DFW IFO-SW23 DALLAS, TX

Application and Statement of Qualification (DME/DPRE/DAR-T/ODAR-T)

U.S. Department of Transportation
Federal Aviation Administration

This application is for: **Initial Application** ☐ **Reinstatement** ☐

Have you ever held a current or previous designation in any region? Yes ☐ No ☐

If "Yes" give designation number and dates: Designation Number: _____ From: _____ To: _____

1. Name (<i>Last, First, Middle</i>)		3. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Address (<i>Apt. No., Number, Street</i>)		3a. If not a U.S. citizen, Name the country.	
City	State	3b. DAR-T Repairman Repair Station Number(s)	
6. Phone No. Home () Work ()	4. Social Security Number - -		5. Date of Birth (<i>Month/Day/Year</i>)
7. Designation Sought (<i>Check appropriate box(es) below:</i>) <input type="checkbox"/> Designated Mechanic Examiner (DME) <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe and Powerplant <input type="checkbox"/> Designated Parachute Rigger Examiner (DPRE) <input type="checkbox"/> Seat <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Designated Airworthiness Representative (DAR-T) (Maintenance Function(s) only) <input type="checkbox"/> Organizational Designated Airworthiness Representative (ODAR-T) (Maintenance Function(s) only)		7a. Your Flight Standards District Office (FSDO) or International Field Office (IFO) of jurisdiction?	

7b. DAR-T/ODAR-T applicants shall list specific function codes requested from those identified in AC 183-35 and/or FAA Order 8100.8 (Maintenance Only).

8. Did you graduate from high school or have a GED high school equivalency?

☐ **Yes** If "YES" give month and year of graduation. _____
☐ **No** If "NO" give the highest grade completed. _____

College and/or Technical Training Dates:		Name of School	Curriculum or Study Program	Degree or Certificate Received
From: MM – DD – YY	To: MM – DD – YY			

9. FAA Certificates Held Pertinent to Designation Sought

Type	Certificate Number	Rating	Original Date of Issue

10. Work Experience:

Describe all work experience that pertains to your qualifications for the designation sought. Describe your current or most recent work experience in Block A and work backwards, describing each applicable position you have held during at least the past 5 years. You may describe work experience accrued more than 5 years ago if you wish to do so. Use a separate block for each position described. Include military service if your military experience is pertinent to your application for a designation.

A. Name of Employer/Organization:		Telephone No. ()	
Address			
City		State ZIP	
Job Title:	Dates Employed: From: _____ To: _____	Supervisor's Name:	
Reason for Leaving:			
Description of Duties: (<i>Use blank sheet of paper if more space is needed.</i>)			
B. Name of Employer/Organization:		Telephone No. ()	
Address			
City		State ZIP	
Job Title:	Dates Employed: From: _____ To: _____	Supervisor's Name:	
Reason for Leaving:			

Description of Duties: *(Use blank sheet of paper if more space is needed.)*

C. Name of Employer/Organization:

Telephone No.

()

Address

City

State

ZIP

Job Title:

Dates Employed:

From:_____ To:_____

Supervisor's Name:

Reason for Leaving:

Description of Duties: *(Use blank sheet of paper if more space is needed.)*

D. Name of Employer/Organization:

Telephone No.

()

Address

City

State

ZIP

Job Title:

Dates Employed:

From_____ To_____

Supervisor's Name:

Reason for Leaving:

Description of Duties: *(Use blank sheet of paper if more space is needed.)*

E. Name of Employer/Organization:

Telephone No.

()

Address

City

State

ZIP

Job Title:

Dates Employed:

From_____ To_____

Supervisor's Name:

Reason for Leaving:

Description of Duties: *(Use blank sheet of paper if more space is needed.)*

11. Location Where Designee Functions Will Be Performed: (DME or DPRE ONLY)

Address

Telephone No.

()

City, State, ZIP Code

11A. FSDO or IFO that manages the area where authorized functions will be performed:

12. During the last 5 years were you fired from any job?

☐ Yes ☐ No

13. Have you ever been convicted of any felony violation?

☐ Yes ☐ No

14. Are you now under charges for any violation of law?

☐ Yes ☐ No

15. Have you ever been imprisoned, been on probation, or been on parole?

☐ Yes ☐ No

16. Have you ever been convicted by a military court-martial?

☐ Yes ☐ No

17. Have you ever been discharged from the military service under a General Discharge?

☐ Yes ☐ No

18. Have you ever been discharged from a military service under other than Honorable Conditions?

☐ Yes ☐ No

19. Has any certificate issued to you ever been revoked?

☐ Yes ☐ No20. Have you ever been convicted of, or are you now under charges for, violation of Federal, State, or Local statutes relating to narcotic drugs, marijuana, depressants, or stimulant drugs or substances? ☐ Yes ☐ No21. Give full details regarding each question in blocks 12 through 19 to which you have answered "Yes." *(Use blank sheet of paper if more space is needed.)*

22. Have you ever participated in the Maintenance Technician Award Program? ☐ Yes ☐ No

If yes, list the latest year you participated. _____

Check which Phase: ☐ Phase I – Bronze ☐ Phase II – Silver ☐ Phase III – Gold
☐ Phase IV – Ruby ☐ Phase V – Diamond

Remarks:

SIGNATURE, RELEASE OF INFORMATION, AND CERTIFICATION -- Read Carefully

YOU MUST SIGN AND DATE THIS APPLICATION -- (You must print or type your name under the signature block)

- I understand that a false statement on any part of this application will be grounds for not approving this application, for rescinding my eligibility as an examiner or designee candidate, for not designating me, or for terminating any designation I may receive.
- I understand that any information I give may be investigated.
- I consent to the release of information regarding my personal and technical qualifications for designation as a mechanic examiner/parachute rigger examiner/designated airworthiness representative-maintenance/or organizational designated representative-maintenance by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, employees of the federal government, and persons not employed by the federal government to whom the Federal Aviation Administration (FAA) has delegated the authority to screen and approve or disapprove DME/DPRE/DAR-T/ODAR-T applicants.
- I understand that, if my application is accepted, approval for assignment to the national examiner/designee candidate pool is dependent on satisfactory completion of the predesignation knowledge test with a score of 80 percent or higher for DME/DPRE.
- I understand that assignment to the national examiner/designee candidate pool does not guarantee selection or designation as a mechanic examiner/parachute rigger examiner/or designated airworthiness representative maintenance and that, if selected, designation is dependent upon satisfactory completion of a practical test (demonstration of competency) for DME/DPRE and satisfactory completion of the Initial Technical Airman Examiner Standardization Seminar for DME/DPRE/DAR-T candidates.
- I understand that my FAA accident/incident violation history will be verified at each stage of the application process.
- I understand that designation as a mechanic examiner/parachute rigger examiner/designated airworthiness representative-maintenance/organizational designated airworthiness representative-maintenance is a privilege, not a right, and that any designation received may be terminated, revoked, or not renewed at any time or for any reason the FAA Administrator deems appropriate.
- I certify that, to the best of my knowledge and belief, all of my statements on this application are true, correct, complete, and in good faith.

NOTICE: Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious, or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned for not more than 5 years, or both. (18 U.S. Code Secs 1001;3571)

23a. Typed or Printed Name of Applicant

Date signed (Month, Day, Year)

FOR NATIONAL EXAMINER BOARD USE ONLY

24. (For Original Issuance Only)

☐ Qualified ☐ Not Qualified Date: _____

Referred to: _____ FSDO Date: _____

Signature of NEB Official: _____ Title: _____ Date: _____

INITIAL SELECTION — FOR FAA (FSDO, RO, OR IFO) USE ONLY. BLOCKS 24-27C

24a. DAR-T RECORD OF APPROVAL

☐ Designated Airworthiness Representative ☐ Maintenance Function(s) **NOTE: A separate approval is required for each discipline.**

Function(s) Authorized (Identify specific function(s) authorized including any limitations).

26. DME/DPRE RECORD OF APPROVAL
☐ Designated Mechanic Examiner
 (NOTE): DME/DPRE Blocks 25-26i

☐ Designated Parachute Rigger Examiner

26a. FSDO or IFO Principal Maintenance Inspector's Action: ☐ APPROVE ☐ DISAPPROVE
26b. Remarks:
26c. Principal Maintenance Inspector's Signature: _____ **DATE:** _____

26d. Managing FSDO or IFO Manager's Action: ☐ APPROVE ☐ DISAPPROVE
26e. Remarks:
26f. Managing FSDO or IFO Manager Signature: _____ **DATE:** _____

27. FSDO or IFO Actions: ☐ Renewal ☐ Reinstatement ☐ Additional Authorization
27a. The examiner continues to meet the criteria for the original designation
☐ Yes ☐ No ? NOT APPLICABLE
27b. The examiner meets the criteria for the additional authorization sought
☐ Yes ☐ No ? NOT APPLICABLE

27c. There is a need for the examiner's services ☐ Yes ☐ No

27d. Inspector's Action: ☐ APPROVE ☐ DISAPPROVE
27e. Reason for Disapproval *(Use blank sheet of paper if more space is needed.)*
27f. Principal Maintenance Inspector's Signature: _____ **DATE:** _____

27g. Manager's Action: ☐ APPROVE ☐ DISAPPROVE
27h. Reason for Disapproval *(Attach additional sheets, if required.)*